

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007038-  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1032

VS 300  
Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF  
Orval T. Needels  
MEDICAL CERTIFICATION

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> COUNTY <b>JACKSON</b>                              |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>KANSAS CITY</b>  |   | Length of stay in 1b<br><b>10 YEARS</b>  | c. CITY OR TOWN <b>KANSAS CITY</b>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br><b>LINDEMAN NURSING HOME</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>5000 OAK STREET</b>      |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>HARRY ENGLISH SNYDER</b>  |   | 4. DATE OF DEATH<br>Month <b>FEBRUARY</b> Day <b>14</b> Year <b>1963</b>   |  |
| 5. SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>CAUC.</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>7-6-1887</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>FREIGHT CLAIM AGENT</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>RAILROAD</b>   | 11. BIRTHPLACE (City and state or country)<br><b>KANSAS CITY, KANSAS</b>     |
| 13a. FATHER'S NAME<br><b>MEHE VERNON SNYDER</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>ROSEMOND ENGLISH</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |   | 17. INFORMANT<br><b>MRS. D. K. SNYDER, KANSAS CITY, MO.</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Brought on - Pneumonia, Hypertension</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>C.V. Hypertensive Disease</b><br>DUE TO (c) <b>Ca. P. of state</b> |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 days</b><br><b>Unknown</b><br><b>Unknown</b>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury, in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION<br><b>KANSAS CITY</b>   |  |
| 21. I attended the deceased from <b>Oct 5, 1960</b> to <b>Feb 14, 1963</b> and last saw him alive on <b>Feb 12, 1963</b><br>Death occurred at <b>9:15 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   | 22b. ADDRESS<br><b>7400 Wornall K City Mo</b>  |  |
| 22. SIGNATURE<br><b>Orval T. Needels M.D.</b>  |   | 22c. DATE SIGNED<br><b>Feb 15-63</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>CREMATION</b>  | 23b. DATE<br><b>FEB. 16 1963</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>D.W. NEWCOMER'S SONS</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>KANSAS CITY MISSOURI</b> |
| 24. FUNERAL DIRECTOR<br><b>J.W. NEWCOMER'S SONS, KANSAS CITY, MO.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>2-15-63</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>                                |

(Licensed Embalmer's Statement on Reverse Side)

Dr. Cyril Needles  
7400 Howell Rd.  
DE 39121

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# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Norman W. Pearson

Licensed Embalmer No. 4884

P. O. Address Lathrop, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.